NYD131306169 GOLD COAST COLLISION, LTD. NY SEA CLIFF

SEPA	NOTIFICA	INSTRUCTIONS: If you received a preprinted							
INSTALLA- TION'S EPA I.D. NO.		AGENCY, REGION II NEW YORK, N.Y.	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is						
I. STALLATION	198	6 AUG 11 PM 4: 14	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted						
INSTALLA- TION II. MAILING ADDRESS LOCATION III. OF INSTAL-		RSE PLACESTABLE IN THE	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and						
LATION				Recovery Act).					
FOR OFFICIAL U	SE ONLY								
		COMMENTS							
Ċ				35					
-	N'S EPA I.D. NUI		no., & day)						
FNYD13130616911									
I. NAME OF INST	TALLATION			COLUMN TO THE PROPERTY OF THE					
604D COAST CO441510N 4TD									
II. INSTALLATIO	N MAILING A	DRESS		67					
		STREET OR P.O. BOX							
3/6/64EN COVE AVE 111111111									
CITY OR TOWN ST. ZIP CODE									
45 eA CLIFF W4/1579									
III. LOCATION O	F INSTALLATI	ON	40 41 42 47	. /81					
STREET OR ROUTE NUMBER									
CITY OR TOWN ST. ZIP CODE									
65AME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
IV. INSTALLATI									
NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)									
2 LAPRE,	41, IMIAIRI	0 1/16/11		45 46 - 46 49 - 51 92 - 55					
V. OWNERSHIP		A. NAME OF INSTALLATION	S LEGAL OWNER						
SMLBIO	LADDE	A I I I I I I I I I I I I I I I I I I I							
B. TYPE OF O (enter the appropria	WHERSHIP	VI TYPE OF HAZAPDOUS	WASTE ACTIVITY	nter "X" in the appropriate box(es))					
(enter the appropria			Command of the Comman	TRANSPORTATION (complete Item VII)					
F = FEDERAL M = NON-FED	ERAL	C. TREAT/STORE/D	ISPOSE D.	UNDERGROUND INJECTION					
VII. MODE OF TH	RANSPORTATION	ON (transporters only – enter ".	$X^{\prime\prime}$ in the appropriate	box(es))					
A. AIR	B. RAIL	C. HIGHWAY GA D. W	ATER . OTHE	R (specify):					
VIII. FIRST OR S	UBSEQUENT N	OTIFICATION							
Mark "X" in the appi If this is not your firs	opriate box to ind t notification, ente	cate whether this is your installation r your Installation's EPA I.D. Numb	o's first notification of haz er in the space provided b	elow. C. INSTALLATION'S EPA I.D. NO.					
94	NOTIFICATION		FICATION (complete iten	n C)					
IX. DESCRIPTION		PUS WASTES provide the requested information.							

Harris San Carrier to San Carrier	Mara Ing Maran			W 1 2	- 13 14
IX. DESCRIPTION OF HAZ A. HAZARDOUS WASTES FRO waste from non-specific soul	M NON-SPECIFIC	SOURCES. Enter the	four-digit number from	m 40 CFR Part 261.31 f	or each listed hazardous
1 23 - 86 7	2 25 - 26 8	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FRO	M SPECIFIC SOURC	ES. Enter the four—	digit number from 40 Cl	23 - 26 FR Part 261.32 for each	listed hazardous waste from
specific industrial sources you	14	15	16	17	18
19	13 16 20	31 21	33 - 26	23 - 26	23 - 26
25	26	23 - 16	28 28	29	30
C. COMMERCIAL CHEMICAL istance your installation handle	PRODUCT HAZARDO	OUS WASTES. Enter	the four-digit number ditional sheets if necess	from 40 CFR Part 261.	33 for each chemical sub-
31 23 · 26 37 23 · 76 43 23 · 76	32 32 38 38 38 38 38 38 38 38 38 38 38 38 38	32 32 33 39 39 39 39 39 39 39 39 39 39 39 39	34 23 · 26 40 23 - 26 46 23 · 26	35 23 · 26 41 47 23 - 26	23 - 26 42 23 - 26 48
D. LISTED INFECTIOUS WAST hospitals, medical and research	laboratories your ins	italiation handles. Us	e additional sheets if nec	ch listed hazardous wast cessary.	e from nospitals, veterinary
49	50	51	52	53	54
E. CHARACTERISTICS OF NOI hazardous wastes your installa	tion handles. (See 40	CFR Parts 261.21 -		TIVE	In the state of th
X. CERTIFICATION I certify under penalty of attached documents, and the legicy that the submitted mitting false information, in	nat based on my in I information is tru	quiry of those indue, accurate, and co	ividuals immediately omplete. I am aware	h the information sul responsible for obta	bmitted in this and all ining the information,
EPA Form 8700-12 (6-80) REV	allo— ERSE		O ARREA		SII/SC

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